TOWN OF NORTH ANDOVER Office of COMMUNITY DEVELOPMENT AND SERVICES HEALTH DEPARTMENT

1600 OSGOOD STREET; SUITE 2035



978.688.9540 - Phone

NORTH ANDOVER, MASSACHUSETTS 01845

978.688.8476 – FAX E-MAIL: healthdept@northandoverma.gov WEBSITE: http://www.northandoverma.gov

Application for Septic System

Inspector

I certify that the information I have provided is true and accurate. I agree to comply with M.G. L. Chapter 111, Sections 31, and any rules, regulations or policy of the Town of North Andover. The undersigned hereby makes application to the Board of Health for permission to conduct Title 5 inspections in the Town of North Andover.

Name of Applicant:	
Business Name:	
Business Address:	
Mailing Address (if different):	
Email Address:	
Business Phone #:	Business Fax #:
Name of Owner/Corporation Name:	
Pursuant to M.G.L. Ch. 62C, Sec. 49, I certified all state tax returns and	
INSPECTIONS") 1.1 When identified in the course systems and shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems and shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems and shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the course systems are shall be replaced with a 1.2 Any Title 5 inspection that identified in the 1.2 Any Title 5 inspection that identified in the 1.2 Any Title 5 inspection that identified in the 1.2 Any Title 5 inspectio	ing onsite wastewater systems ("TITLE 5") of a Title 5 inspection, cesspools and privies are deemed failed a new onsite wastewater system. entifies a tank or distribution box at an elevation of greater than 36
grade by a North Andover licensed of 7.4 TITLE 5 SYSTEM INSPEC 7.4.1 Title 5 system inspectors cert (DEP) shall be licensed to work in the not licensed by the Health Department	cTORS ified by Massachusetts Department of Environmental Protection he Town of North Andover. Inspections performed by inspectors ent will be prohibited. Il include a copy of Massachusetts Department of Environmental
Social Security Number or Federal Identification Number	Signature of Company or Corporate Officer

<u>FEES</u>: \$35 for Each Inspector License annually

Note: \$50 for each inspection report submission

Make Check Payable to: Town of North Andover

LATE FEE – FEES DOUBLE AFTER JANUARY 1ST